STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
1752		175245		B. WING		07/06/2015		
NAME OF PROVIDER OR SUPPLIER			STREET ADDR	RESS, CITY, STA	TE, ZIP CODE			
GOLDEN L	IVINGCENTER TRS- ED	WARDSVILLE	751 BLAKE EDWARDSV	ST. /ILLE, KS 66	111			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
S 000	INITIAL COMMENTS			S 000				
	The following citations represent the findings of a Health Resurvey and Complaint Investigation #KS77541 and #KS74757.							
S1146 SS=E				S1146				
	(i) A soiled laundry room for receiving, holding, and sorting laundry, equipped with containers with tightly fitting lids for soiled laundry, that is exhausted to the outside;							
		n that contains commer r washing and drying a						
	into the laundry proce		ns					
	(iv) a clean laundry room for handling, storing,							

If deficiencies are cited, an approved plan of correction is requisite to continued program participation. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATE FORM 9CBG11 If continuation sheet 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
1752		175245		B. WING		07/06/2015		
NAME OF PROVIDER OR SUPPLIER			STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	•		
GOLDEN L	IVINGCENTER TRS- ED	WARDSVILLE	751 BLAKE EDWARDSV	ST. /ILLE, KS 66 [.]	111			
(X4) ID PREFIX TAG	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE			
S1146	Continued From Page		S1146					
	issuing, mending, and holding laundry with egress that does not require passing through processing or soiled laundry room; and (v) storage space for laundry supplies. This Requirement is not met as evidenced by KAR 26-40-303 8 (i) The facility reported a census of 95 residents. census included 16 residents. Based on observation, interview, and record review revet the facility failed to properly cover soiled linen the laundry receiving area. Finding included: On 6/30/15 at 2:30 P.M. an observation of the barrels were covered with sheets in the receiv area. An additional 3 barrels covered with shewere over filled with soiled laundry in a clean in front of the washing machines. Soiled laundry was visible from under the sheets above the height of the barrels. Staff placed cllean laundry open baskets and moved the baskets from the washing machines passing by the over filled, exposed soiled laundry to the dryer area. On 6/30/15 at 2:30 P.M. laundry staff stated the staff sorted the soiled laundry in the receiving and then the barrels were covered with sheets.		by: s. The vealed en in f three eiving neets n area ndry endry in the I, the ng area					
		.M. housekeeping supe not enough covers for						
		Jsage and Control polic ty revised 1/11 revealed	-					

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATE FORM 9CBG11 If continuation sheet 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
1752				B. WING		07/		
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
GOLDEN L	IVINGCENTER TRS- ED	WARDSVILLE	751 BLAKE EDWARDS	ST. VILLE, KS 66	111			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S1146	Continued From Page 2 facility would receive soiled linens in a manner consistent with proper storage guidelines. The facility failed to sort and hold soiled laundry in containers with tightly fitting lids and failed to have an orderly workflow from dirty to clean to minimize cross contamination.			S1146				

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.